PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number 10/520,123 Filing Date 09/28/2005 To b | | | To be Mailed | | |
|---|--|---|---|---|------------|---|---|---|------------------------|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | |
| FOR NUMBER F | | | | .ED I | D NUMBER E | | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | | N/A | | | N/A | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), | or (m)) | N/A | | N/A | | | N/A | | | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(o), (p), | | N/A | | N/A | | | N/A | | | N/A | | |
| | TAL CLAIMS CFR 1.16(i)) | | minus 20 = | | • | | | x \$ = | | OR | x s = | | |
| | EPENDENT CLAIM CFR 1.16(h)) | IS . | minus 3 = * | | | | | x \$ = | | | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | If the specification and draw sheets of paper, the applica is \$250 (\$125 for small enti- additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and | | | size fee due or each thereof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | TOTAL | | l | TOTAL | | |
| APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY | | | | | | | | | | | | | |
| AMENDMENT | 10/26/2007 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(i)) | · 17 | Minus | 20 | | = 0 | | x \$ = | | OR | X \$50= | 0 | |
| | Independent (37 CFR 1.16(h)) | • 2 | Minus | 3 | | = 0 | | x \$ = | | OR | X \$210= | 0 | |
| Ā | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | Ш | | | |
| ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j)) | | | | | | | | | OR | | | |
| TOTAL ADD'L FEE | | | | | | | | | | OR | TOTAL ADD'L FEE | 0 | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSL PAID FOR | | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,18(i)) | | Minus | | | | | x \$ = | | OR | x \$ = | | |
| | Independent (37 CFR 1/16(h)) | | Minus | *** | П | : | | x \$ = | | OR | x \$ = | | |
| Ä | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| ΑŘ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j)) | | | | | | | | | OR | | | |
| | | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| ** 11 | If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "flipshes humber Previously Paid For IV THIS SPACE is less than 20, enter "20". "If the "flipshes Number Previously Paid For IV THIS SPACE is less than 3, enter "20". "If the "flipshes Number Previously Paid For IV THIS SPACE is less than 3, enter "20". Evelyn G. Nimmons The "flipshes Number Previously Paid For IV folial for Independent is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, process) an application. Confidentially is governed by 30.53.C. 122 and 37.24.F. I mis collection to the sendated to lake 12 intellect occuming guarding preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual sease. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. and the second of the complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. and the second of the complete this form. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.